# DHHS SMALL BUSINESS SET ASIDE REVIEW FORM

1.Solicitation Number/Type of Contract:	4. Item/service description or project title:		6. Date Received by Small Business Office (SBO):				
2.Total Dollar Value, including Options based on Gov⊀			SBO Control Number, if applicable				
Estimate:			7. Contracting Officer/Specialist (CO/CS) Name, Bldg., Room, Phone, Fax, E-mail:				
Base/Multi-Year         Option 3           Option 1         Option 4           Option 2         Option 5	5. SIC CODE: DOLLARS: NO. OF EMPLOY	 EES:					
3. Period of Performance:							
8. [] New Requirement [] Recompetition [] Similar Requirement Acquisition History: Comments:		9. Efforts Made to Locate Sources: (Check Sources)  CO SBS					
Previous Contract Number:			[ ] Review of Prior or Similar Acquisition				
Award Date:			[ ] [ ] Contracting Officer [ ] [ ] Program Office [ ] [ ] CDB Sources Sought (Copy Attached)				
Type of Award (i.e., 8(a), HUBZone, SBSA, JOFOC):							
Total Amount of Contract Award:			[ ] Other Market Survey/Research Efforts, Sized Source List Attached				
Contractor Name:			[ ] [ ] Small Business Office				
Contractor Size/Type of Ownership, (e.g. Small, Woman-owned):			[ ] [ ] OSDBU [ ] [ ] SBA PRONET System				
Previous SIC Code/Size Standard:			[ ] [ ] Other:				
Number of Technically Acceptable Offers from Small Bus	iness:	44 Uprophistod Association Co	all Dusiness Cat Asida wat initiated.				
10. Restricted Acquisition:			all Business Set-Aside not initiated:				
[ ] 8(a) HUBZone Offering [ ] Total Small Business Set-Aside [ ] [ ] 8(a) Offering [ ] Partial Small Business Set-Aside		[ ] JOFOC (Authority) [ ] No reasonable expectation of obtaining "two or more" offers from small business concerns providing products of small businesses. [ ] Other (explain):					
				[ ] HUBZone Set-Aside		Subcontracting Plan Provision applies [ ] Yes [ ] No Incentive Subcontracting Provision included [ ] Yes [ ] No SDB Preference [ ] Yes [ ] No	
				13. Contracting Officer Determination:  14. Small Business Specialist:  [ ] Concur [ ] Nonconcurrence (see attached)			15.SBA/Procurement Center Representative: [ ] Concur [ ] Nonconcurrence (see attached)
Signature Date	Signature	Date	Signature Date				

### SMALL BUSINESS REVIEW FORM INSTRUCTIONS

## **REQUIREMENT INFORMATION ITEMS 1-7**

- (1) Enter the solicitation number/type of contract.
- (2) Enter the total estimated dollar value of the contract, including all options. Break out options, if applicable.
- (3) Enter the date for the period of performance.
- (4) Enter the item/service description or project title.
- (5) Enter the appropriate four-digit Standard Industrial Classification (SIC) Code. Based on the assigned SIC Code, enter either the applicable Number Of Employees or Average Annual Receipts threshold associated with the SIC Code.
- (6) SBO enters the date the requisition was received for processing and inserts control number, if applicable.
- (7) Enter Contract Officer/Specialist Name, building, room, telephone, fax number and e-mail.

### HISTORY AND EFFORTS ITEMS 8 - 9

(8) Check box for "NEW REQUIREMENT" if this is a first time acquisition for products/services. Check box for "RECOMPETITION" if this is a recompetition of an acquisition, and enter history. Check box for "SIMILAR REQUIREMENT" if this is an

Check box for "SIMILAR REQUIREMENT" if this is an acquisition where the technical requirements and scope are similar, and enter history.

(9) Check the appropriate box(es) indicating all of the resources used to identify potential sources that support the acquisition method recommended in items 10 and 11.

## **RECOMMENDATIONS ITEMS 10-12**

- (10) CO/CS Check the appropriate box(es) indicating the acquisition method determined.
- (11) If no box is checked in Item 10 check appropriate box for reason(s) why a Small Business Set-Aside, 8(a) offering or HUBZones Set-Aside was not initiated.
- (12) CO/CS Check yes or no where other considerations apply.

### SIGNATURES ITEMS 13 - 15

- (13) The CO will make a determination, sign and date.
- (14) The SBS will sign and date this block and indicate concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBS doesn't concur, the SBS will recommend another method of acquisition and forward supporting documentation to CO.
- (15) The SBA/PCR, if assigned to agency, will sign and date this block indicating concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBA/PCR doesn't concur, the SBA/PCR will recommend another method of acquisition or will initiate the SBA SF70 appeal process and forward supporting documentation to the CO.

#### NOTE

In order to conduct a comprehensive review of each acquisition, at a minimum, the documentation forwarded by the CO/CS should include:

- 1. The statement of work, including evaluation criteria and the government cost estimate.
- 2. Documentation reflecting market research/survey efforts, including source list(s) identifying the size and type of firms.
- 3. A copy of any justification for other than 8(a), HUBZone or small business consideration that might be applicable to the subject RFC.